October 22, 2019
Meeting Packet

Meeting Agenda

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Agenda

New Inpatient Building (NIB) Community Advisory Committee (CAC)
Beth Israel Deaconess Medical Center (BIDMC)
Leventhal Conference Room, Shapiro Building
Tuesday, October 22, 2019
5:00 PM – 7:00 PM

I. 5:00 pm – 5:10 pm	Introduction and Welcome
II. 5:10 pm – 5:25 pm	Public Comment Period
III. 5:25 pm – 5:40 pm	Evaluation Survey Results
IV. 5:40 pm – 6:40 pm	Review Health Priorities Strategy Form
V. 6:40 pm – 6:55 pm	Stakeholder Forms
VI. 6:55 pm – 7:00 pm	Summary/Next Steps

Meeting Slides

NEW INPATIENT BUILDING COMMUNITY ADVISORY COMMITTEE MEETING

Nancy Kasen
Vice President, Community Benefits and Community Relations

October 22, 2019

Beth Israel Lahey Health

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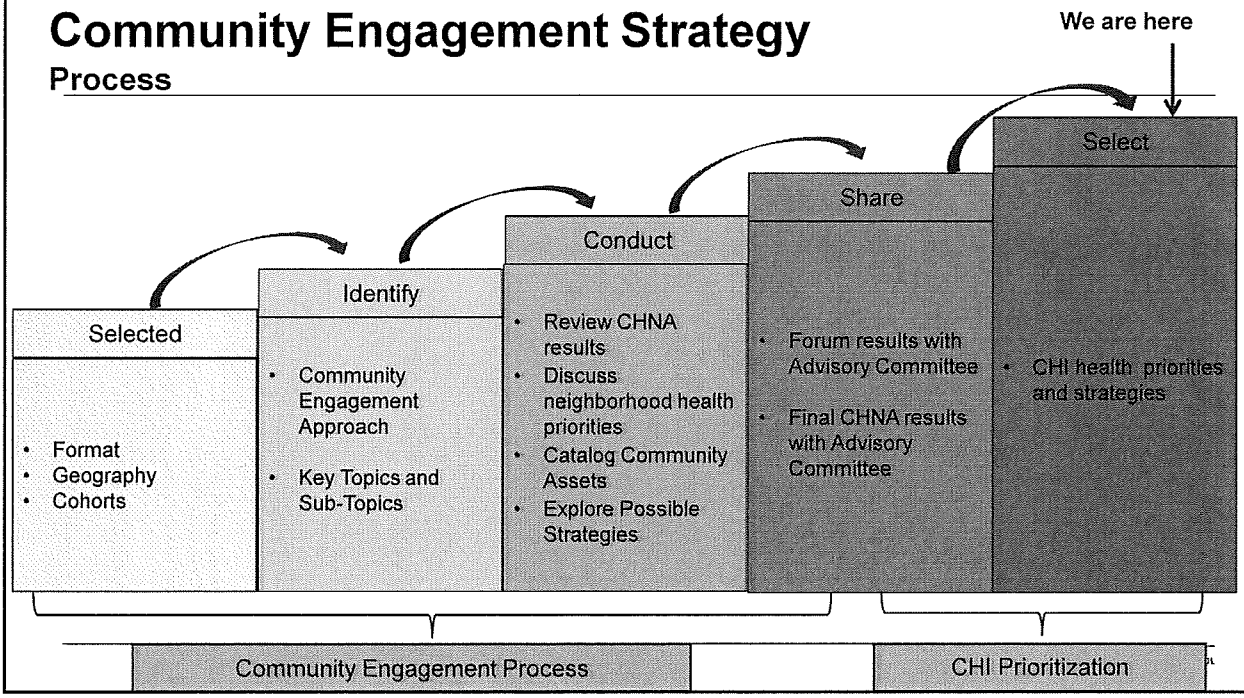
Community Advisory Committee
Goals

Goals for the meeting:

- Share Self-Evaluation Results
- Discuss Health Priority Strategies
- Review Stakeholder Assessment Forms

Community Engagement Strategy

Process



Community Advisory Committee

Public Comment

Welcoming Public Comments

COMMUNITY ADVISORY COMMITTEE SURVEY RESULTS

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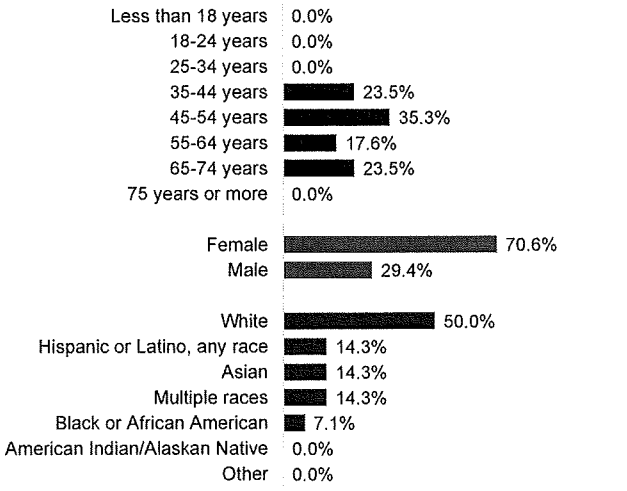
Community Advisory Committee Member Respondent Characteristics

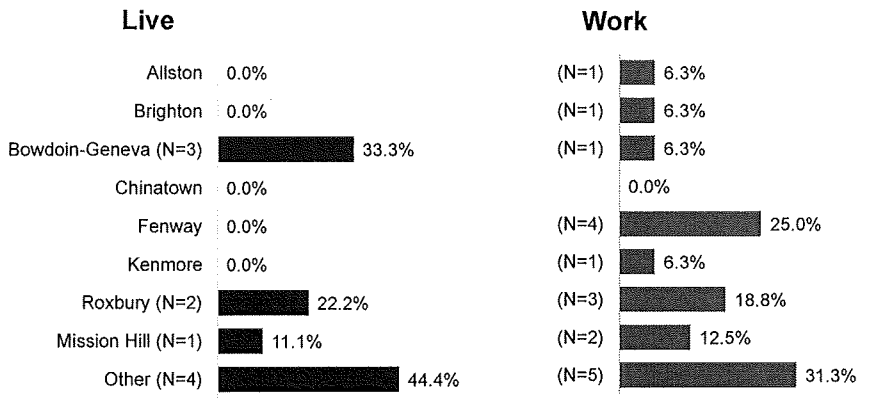
Community Advisory Committee Meeting Participation:

100.0% of respondents reported attending at least three of the five advisory committee meetings in 2019

82.4% of respondents reported participating in at least one community meeting in June



Do you live or work in one of the following neighborhoods?

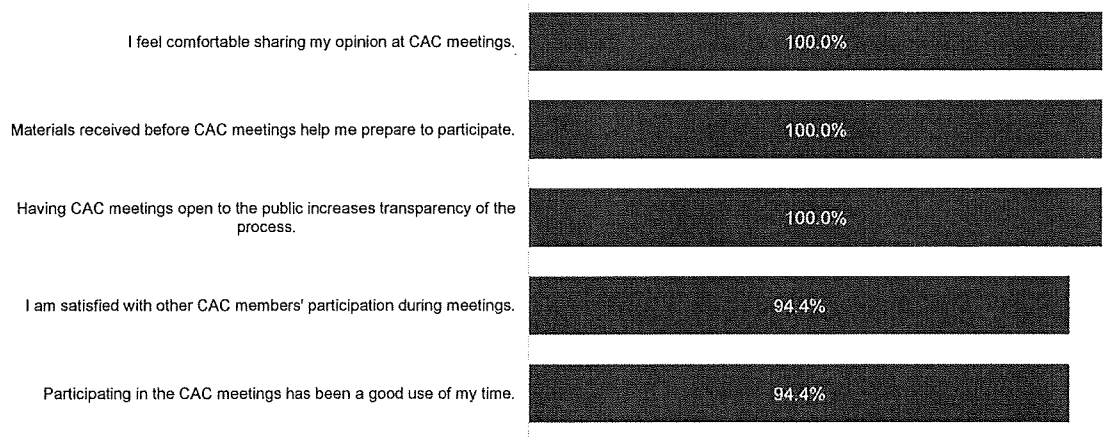


Other neighborhoods of residence: Belmont, Jamaica Plain
Unspecified live/work other neighborhoods: Back Bay, Medford, BIDMC/Boston

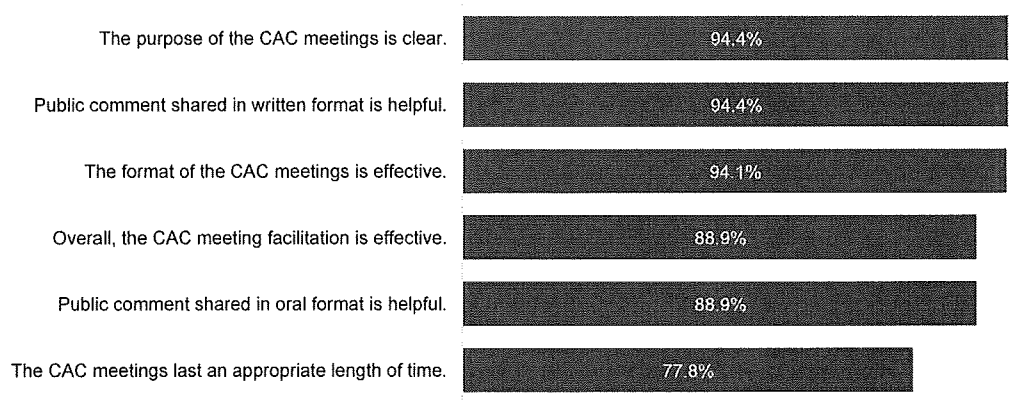
Other neighborhoods of work: Downtown (Crossing), Fields Corner

Note: Respondents were allowed to select multiple responses, so percentages may not sum to 100%

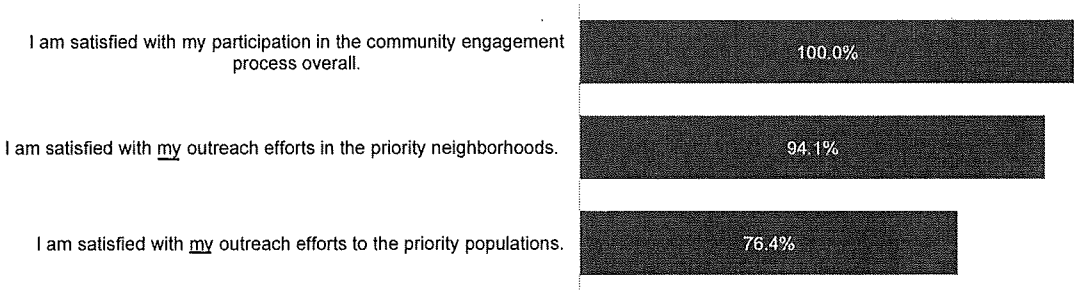
Community Advisory Committee Meetings: Percent of respondents who agreed/strongly agreed



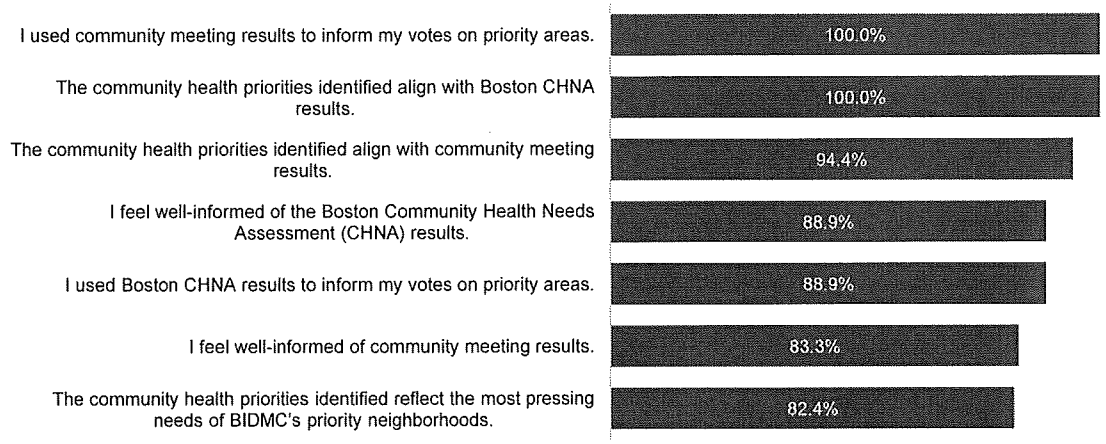
Community Advisory Committee Meetings: Percent of respondents who agreed/strongly agreed



Advisory Committee Member Role in Community Engagement: Percent of respondents who agreed/strongly agreed



Community Engagement and Prioritization Process: Percent of respondents who agreed/strongly agreed



HEALTH PRIORITY STRATEGY DISCUSSION

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Health Priority Strategy Form
Overview

All proposed strategies must be submitted to MDPH for approval and meet the following criteria:

1. The strategy must impact one or more of the six DoN Health Priorities.

2. The strategy must be evidence-informed or evidence-based.

3. The strategy must be either a "total population/community-wide prevention" strategy and/or an "innovative community-clinical linkage" intervention.

4. The strategy must be feasible and impactful as it relates to reach, population, and community support, with a focus on reducing health inequities.

Strategy Form Components
Overview

1. Strategy name
2. Brief strategy description
3. Evidence of impact on one or more of the six DoN Health Priorities
4. Evidence of impact on health outcomes
5. Justification for how strategy is:
   - Total population/community-wide prevention and/or an
   - Innovative community-clinical linkage
6. Anticipated reach
7. Population and community/neighborhood to be impacted
8. Political will/community support for strategy implementation
9. Inequity(ies) the strategy is meaning to address

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Final Allocation: Approved 9/24/19

CHI Priority and Sub-Priority Areas

40% $7,726,025	30% $5,794,556	15% $2,897,278	15% ($413.8K/ Community)
Housing	**Jobs & Financial Security**	**Behavioral Health**	**Healthy Neighborhoods (7 Communities)**

• Affordability
  • Home Ownership (20%,$1,545,215)
  • Homelessness (40%, $3,090,430)
  • Rental Assistance (40%, $3,090,430)
	• Education / Workforce Development (85%, $4,925,373)
	• Employment opportunities (10%, $579,456)
	• Income/Financial supports (5%, $289,728)
		• Mental Health (50%, $1,448,639)
		• Substance Use (50%, $1,448,639)
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Health Priority Strategies

Discussion

Housing

Housing
- Affordability
  - Homelessness
  - Home Ownership
  - Rental Assistance

Sub Priorities	Strategies
Affordability (Homelessness) $3,090,430	• Housing First • Services assisting people experiencing homelessness • Driving public policies to prevent or reduce homelessness
Affordability (Home Ownership) $1,545,215	• Down payment assistance and home ownership education • Zero and/or low-interest home loans • Foreclosure prevention
Affordability (Rental Assistance) $3,090,430	• Flexible rental assistance • Eviction prevention

Health Priority Strategies
Discussion

Amended 10.22.19 based on Advisory Committee Input

Jobs and Financial Security

Jobs / Financial Security
- Education / Workforce Development
- Employment opportunities
- Income / Financial supports

Sub Priorities	Strategies
Education/ Workforce Development $4,925,373	• Adult vocational training • Sector-based workforce initiatives • Labor/workforce exchange • Youth employment programs
Employment Opportunities $579,456	• Transitional jobs programs • ~~Summer youth employment programs~~ • Providing flexible access to capital for small businesses
Income/Financial Supports $289,728	• Enhancing economic security and wealth accumulation

Health Priority Strategies
Discussion

Behavioral Health

Behavioral Health
- Mental Health
- Substance Use

Sub Priorities	Strategies

Mental Health and Substance Use
 	
$2,897,278
	• Building provider capacity
	  • Medication-assisted treatment (MAT)
	  • Telehealth
	  • Primary care integration*
	• Building community capacity
	  • Community health workers
	  • School-based mental health services
	  • Mental health first aid
	  • Peer-to-peer support
	• Increasing education to reduce stigma

*Currently in the scoping phase

Health Priority Strategies

Discussion

Healthy Neighborhoods

Healthy Neighborhoods

- Access to Care
- Built Environment
- Environmental Health
- Other SDOHs
- Violence Prevention

Sub Priorities	Strategies
TBD: Aligned with one or more of the DoN health priorities $413.8K/ Community	• To be determined by community-led/driven efforts by each neighborhood

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NEW CT SCANNER: WEST CAMPUS

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New CT Scanner

Update

- DoN to be filed - New CT Scanner for West Building
- Discussed at July Advisory Committee meeting (solve access problem)
- Next Step for Advisory Committee: Stakeholder Assessment Form Due in November to Mass. Department of Public Health

STAKEHOLDER FORMS

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Stakeholder Assessment
Community Engagement Form

- Filled out by community stakeholders engaged in DoN application process (voluntary, electronic, six-page form)
- Demonstrates compliance with MDPH Community Engagement Guidelines
- Populate form and email directly to MDPH: DONCHI@state.ma.us
- Submit by: November 6, 2019
- Please notify BIDMC's Community Benefits Office (at rtorres@bidmc.harvard.edu) when you have submitted

Stakeholder Assessment
Community Engagement Form

What does the electronic form entail?

- Sections 1 and 2: Background and Demographics
  - Community engagement process
  - Demographic representation
  - Organization's details
- Section 3: Motivation
  - Your own/other Advisory Committee members
- Section 4: Community At-Large Engagement Levels
  - Identify engagement steps completed
  - Rate community involvement

Stakeholder Assessment
Community Engagement Form

What does the electronic form entail?

- Section 5 & 6: Your Engagement Levels & Your Engagement Experience
  - Ø Identify engagement steps completed
  - Ø Rate your involvement/experience
- Sections 7: Role in Partnership
  - ➢ Role and responsibility
  - ➢ Time engagement and participation
- Section 8 & 9: Representative of Community Health Planning in Community & Other Community Health Planning Work
  - ➢ Two, yes/no questions about community health planning work
- Section 10: Form Submission

Stakeholder Assessment
Community Representative Feedback Form

- Attorney General's Annual Form
- Two-page form filled out by community representatives engaged by hospitals in a Community Health Needs Assessment and/or Implementation Strategy
- Advisory Committee role: Fill out form and email directly to
  - Attorney General's Office (at CBAdmin@state.ma.us)
  - BIDMC's Community Benefits Office (at rtorres@bidmc.harvard.edu)
- Due Date: November 15, 2019

Stakeholder Assessment
Community Representative Feedback Form

What does the electronic form entail?

- Section 1: Background information
  - Name, organization and hospital name
- Section 2: Level of engagement across CHNA and/or implementation strategy
  - Use MDPH's Community Engagement Standards to assess different types of community engagement
- Section 3: Engagement Experience
  - Share your agreement level based on your engagement experience

Stakeholder Assessment
Summary

- Assessment Similarities:
  - Seek input on community engagement
  - Submitted electronically
- Assessment Differences:
  - Community Engagement Form - Mass. Department of Public Health form, more comprehensive/longer form, focused on Advisory Committee member engagement
  - Community Representative Feedback Form - Attorney General's form, short form, annual, focused on hospital's community engagement efforts

SUMMARY/NEXT STEPS

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Summary

Form Name	Submit By
DPH Community Engagement Stakeholder Assessment Form	November 6, 2019
Attorney General Community Representative Feedback Form	November 15, 2019
Conflict of Interest Form	December 16, 2019

Note: We will send instructions and reminders by email

Community Advisory Committee

Wrap Up

Advisory Committee Responsibilities / Meeting Agendas:

Meeting Date	Meeting Deliverables
January 28, 2020	• RFP Process Discussion • Community Engagement Planning for RFP
April 28, 2020	• RFP and Community Engagement Updates
June 23, 2020	• Annual Public Meeting

Health Priority Strategies

Health Priority Strategies:

Housing Affordability:

Strategy name and description: In the priority area of housing affordability, BIDMC has identified evidence-based strategies that focus on homelessness, home ownership, and rental assistance.

Strategic Focus Area	Strategy name	Strategy description
Homelessness	Housing First	Providing housing to the chronically homeless with appropriate levels of services.
Homelessness	Supportive Services for People Experiencing Homelessness	Engaging homeless individuals with traumatic experiences in a manner that recognizes the presence of symptoms of trauma, and leads to healing centered practices. Examples include but are not limited to: Assertive Community Treatment (ACT), Critical Time Intervention (CTI), Street Team delivery.
Homelessness	Drive Public Policies to Prevent or Reduce Homelessness	Providing support to coalitions driving city and state-wide polices that prevent homelessness.
Home Ownership	Down Payment Assistance and Home Ownership Education	Providing low-income first-time home buyers with down payment assistance that would be paid back to BIDMC upon refinance or sale of the property – money returned will be used for future investments.
Home Ownership	Zero and/or Low Interest Home Loans	Supporting Housing Trust and/or Equity Funds that assist racially and ethnically diverse low income homebuyers, and non-profit housing developers.
Home Ownership	Foreclosure Prevention	Providing low-income home owners with assistance to prevent foreclosures in neighborhoods hurt by gentrification and displacement.
Rental Assistance	Flexible Funding	Providing funds to assist in maintaining housing stability and/or to attain stable affordable housing such as first and last month's rent.
Rental Assistance	Eviction Prevention	Intervening in eviction processes and supporting renters by increasing access to legal services and eviction prevention programs.

Impacted Health Priorities: Housing Stability/Homelessness

Evidence of impact on one or more of the six DoN Health Priorities:

Strategy	Evidence
Housing First	1) Housing First programs address chronic homelessness by providing rapid access to permanent housing, without a pre-condition of treatment, along with supportive services. 2) Housing First programs designed for formerly incarcerated individuals lead to lower rates of recidivism and homelessness when combined with case management and supportive services.
Supportive Services for People Experiencing Homelessness	1) There is strong evidence that trauma informed practices are needed to effectively work with people experiencing homelessness and housing instability. Homelessness is often tied to ongoing trauma such as community and domestic violence which is why there a call to adopt trauma informed practices when working with survivors of trauma. 2) People who are homeless or have been homeless are at an increased risk of further victimization and re-traumatization. Homeless service providers have long responded to crises, but focusing on the long-term healing of the individual is needed.
Drive Public Policies to Prevent or Reduce Homelessness	Examples of effective public policies: 1) There is some evidence that inclusionary zoning housing policies increase access to affordable and quality housing. 2) Public policies can also allocate resources towards other evidence-based programs that target homelessness, including Housing First units, permanent supportive housing, and emergency financial assistance.
Down Payment Assistance	1) According to the Urban Institute, over 50% of renters cite difficulty saving for a down payment as a barrier to home ownership. 2) Down payment assistance is effective in helping low-income renters become home owners. 3) Evidence shows that there is not a difference in mortgage performance between those who used down payment or loan assistance vs. those who did not.
Zero and/or Low Interest Home Loans	1) Access to credit remains a barrier to homeownership for low income renters. Over the past decade the average credit score approved for a mortgage has increased by twenty points, preventing potential homebuyers from obtaining mortgages.
Foreclosure Prevention	1) Nonprofit Foreclosure Prevention counseling programs greatly increase the ability of homeowners to stay current once they cured a serious delinquency or foreclosure. According to the Urban Institute, counseled homeowners were at least 67% more likely to remain current on their mortgage nine months after receiving a loan modification cure.

Rental Assistance – Eviction Prevention	1) Housing instability is traumatic and harmful for all members of a family. Experiencing homelessness is associated with a wide range of negative outcomes, including increased rates of hospitalization. 2) Inability to pay rent or mortgage and associated financial hardship may lead to homelessness.
Rental Assistance – Flexible Financial Assistance	1) Two quasi-experimental studies suggest that financial assistance decreases homelessness and reduces violent crime. 2) Emergency financial assistance and supportive services can prevent homelessness.

Jobs/Financial Security:

Strategy name and description: In the priority area of jobs and financial security, we have identified evidence-based strategies that focus on education and workforce development, employment opportunities, and income/financial supports.

Strategic Focus Area	Strategy Name	Strategy Description
Education/Workforce Development	Adult Vocational Training	Programs that support acquisition of job-specific and soft skills/job readiness skills through education and certification programs.
Education/Workforce Development	Sector-based Workforce Initiatives	Industry-focused education and job training based on the needs of regional employers within specific industry sectors.
Education/Workforce Development	Labor/Workforce Exchange	Providing career guidance and navigation support to individuals who would like to or need to switch careers (e.g. one-stop career centers).
Employment Opportunities	Transitional Jobs Programs	Time-limited, subsidized, paid jobs intended to provide a bridge to unsubsidized employment.
Employment Opportunities	Summer Youth Employment Programs (SYEP)	Providing short-term jobs for youth, usually 14-24 years old.
Employment Opportunities	Providing Flexible Access to Capital for Small Businesses	Providing low-interest loans or small grants to minority and women-owned small businesses to create new job opportunities.

Income/Financial Supports	Enhancing Economic Security and Wealth Accumulation	Providing resources and support aimed at increasing economic security and wealth accumulation (e.g. financial coaching, savings vehicles, etc.)

Impacted Health Priorities: Employment, Education, Violence and Trauma

- **Evidence of impact on one or more of the six DoN Health Priorities:**

Strategy	**Evidence**
Adult Vocational Training	1) There is strong evidence that vocational training for adults increases employment and earnings among participants, including young adults and unemployed individuals.
Sector-based Workforce Initiatives	1) There is some evidence that sector-based workforce initiatives increase employment and earnings. Participation in sector-based workforce initiatives can increase employment and earnings more than traditional workforce development programs for low income adults, disadvantaged workers, and the long-term unemployed. 2) Participants in sector-focused programs: - earned significantly more than control group members, with most of the earnings gains occurring in the second year. - were significantly more likely to work and, in the second year, worked more consistently than control group members. -were significantly more likely to work in jobs with higher wages. -were significantly more likely to work in jobs that offered benefits.
Labor/Workforce Exchange	1) Focus group participants and survey respondents in the 2019 Boston CHNA-CHIP Collaborative Community Health Needs Assessment reported challenges in securing well-paying jobs (suggesting underemployment) and challenges in securing a job. Common barriers included: formal educational requirements and lack of training, trouble navigating hiring processes and technology, and having a criminal record. One-stop career centers can help mitigate some of the barriers to employment by offering career counseling, application assistance, access to employer networks, and other resources.

Transitional Jobs Programs	1) There is strong evidence that transitional and subsidized jobs programs increase employment and earnings for low income adults, youth, unemployed individuals, TANF recipients, and recently released former prisoners for the duration of their subsidized position. 2) One sector-based program in San Antonio, TX (Quest) provided students with substantial financial assistance to cover tuition and other education-related expenses as well as comprehensive support from a counselor. QUEST participants indicated that both were essential to helping them complete their programs (which found significant impacts on earnings.)
Summer Youth Employment Programs (SYEP)	1) There is some evidence that SYEP decrease arrests for violent crime. Programs also increase employment and earnings for youth during the year that they participate, especially disadvantaged youth. 2) Participants in a SYEP in Boston reported improved social skills and attitudes toward their communities, enhanced job-readiness skills, and higher academic aspirations in the short-term. Those in the treatment group exhibited significant reductions in the number of arraignments for violent crimes (-35 percent) and property crimes (-57 percent) during the 17 months after program participation. Many of the largest gains were among African American and Hispanic males. 3) A SYEP in NYC increased earnings during the year of the program and led to a meaningful reduction in participant incarceration and mortality. 4) In Chicago, youth who received an offer of summer employment were less likely to be involved in violent crime.
Providing Flexible Access to Capital for Small Businesses	1) Lack of access to capital is among the most important obstacles to the success of businesses owned by people of color. Nationally, research shows that minority-owned businesses pay higher interest rates on loans, are more likely to be denied credit, and have less than half the average amount of loans and equity investments when compared with non-minority firms. Research has also documented higher rates of loan rejection in minority-owned businesses, even after controlling for factors such as business size and creditworthiness. Nationally, women-owned businesses receive only 16% of traditional small business loans and 17% of SBA loans. Providing low-interest loans or small grants to minority and women-owned small businesses can help address the unequal access to capital these populations face while also providing employment in those communities.

Enhancing Economic Security and Wealth Accumulation	1) Extreme wealth inequality not only hurts family well-being, it hampers economic growth in our communities and in the nation as a whole. In the U.S. today, the richest 1 percent of households owns 37 percent of all wealth. This toxic inequality has historical underpinnings but is perpetuated by policies and tax preferences that continue to favor the affluent. Most strikingly, it has resulted in an enormous wealth gap between white households and households of color. According to The Color of Wealth in Boston report, with respect to types and size of assets and debt held, the data collected on white households and nonwhite households exhibit large differences. The result is that the net worth of whites as compared with nonwhites is staggeringly divergent. 2) Programs aimed at increasing financial literacy and providing guidance on ways to save money are one evidence-based strategy to narrow the wealth gap. Participants in a program that provided a financial capability workshop, one-on-one financial coaching, need-based counseling, and legal supports experienced significant improvements in their financial situations, including having the income needed to cover basic expenses, following a budget, and saving money for future use. There was some improvement in building positive credit histories and small improvements in having either any credit score or a prime score. 3) Another strategy is to expand the range and amount of financial support services offered by community development financial institutions (CDFIs), which "use small-scale and locally developed strategies to expand financial opportunities for communities that are underserved by traditional banking services." CDFI's can enable individuals to build wealth by purchasing first homes or starting businesses and supporting local organizations.

Behavioral Health

Strategy name and description: The Behavioral Health priority area consists of evidence-based strategies to (i) build provider and community capacity to provide trauma-informed and culturally and linguistically appropriate behavioral health care and (ii) reduce stigma surrounding mental health and substance use. The overall goal is to increase access to high-quality and culturally and linguistically appropriate mental health and substance use services.

Strategic Focus Area	Strategy Name	Strategy Description
Mental Health and Substance Use	Building Behavioral Health Provider Capacity	Initiatives that increase and strengthen the workforce for Behavioral Health programs.

Mental Health and Substance Use	Building Community Capacity to Provide Behavioral Health Services	Initiatives that increase and strengthen the community's capacity to bring behavioral health interventions into the community as a supplement to clinical programming.
Mental Health and Substance Use	Increasing Education to Reduce Stigma	Increasing the communities' knowledge about behavioral health to reduce stigma and increase utilization of behavioral health care.

Impacted Health Priorities: Violence and Trauma, Substance Use Disorders (SUDs), Mental Illness and Mental Health

Evidence of impact on one or more of the six DoN Health Priorities:

Strategy	**Evidence**
Building Behavioral Health Provider Capacity	<u>Medication-Assisted Treatment (MAT)</u> 1) A randomized control trial showed that there is some evidence that previously incarcerated individuals who were given MAT had a lower rate of relapse than individuals in the control group. Expanding these services can help prevent relapse in more individuals. 2) Research showed that individuals who used MAT were more likely to adhere to treatment and reduce relapse. 3) A barrier to the use of MAT is lack of medical providers certified to administer it. The Substance Use and Mental Health Services Administration provides resources and trainings for providers to increase knowledge on how to prescribe MAT. <u>Telehealth</u> 1) There is some evidence to show that utilizing Telehealth improves mental health and reduces post-traumatic stress disorder. Other benefits can be increasing access to mental health services and reduced rates of suicide. 2) A systematic review on the effectiveness of telehealth showed that telehealth was beneficial in increasing access and reducing costs for individuals in need of mental health care. Increasing the capacity of these services can expand the number of individuals served. <u>Integration of Primary Care with the CCA*</u> 1) In the Collaborative Care Model, primary care patients are screened for mental health disorders during their appointment. Care managers then work with physicians and psychiatrists to manage the mental health diagnosis through medication and/or counseling to ensure streamlined care. A systematic review showed that integrating mental health care into primary care reduced depression, anxiety, and improved patient satisfaction.

	2) One of the goals and objectives of Healthy People 2020 is to increase depression screenings by providers. A systematic review on the integration of mental health into primary care found that Collaborative Care Models significantly reduced depression symptoms of individuals receiving care. *Currently in the scoping phase
Building Community Capacity to Provide Behavioral Health Services	<u>Community Health Workers</u> 1) Community health workers (CHW) are individuals who have extensive knowledge on a particular community and help connect them with resources within the community. CHW's were originally used to help connect individuals to resources for physical health. Training CHW's to provide behavioral health care services can help link individuals to culturally competent behavioral health care in community settings. 2) A systematic review on mental health community health workers explained that given the recent importance of this role, CHW play a clinical role by sharing responsibilities with mental health providers, and social role by increasing conversation within the community by advocating for mental health. The systematic review found that there is some evidence that CHW have a positive impact in increasing mental health utilization particularly around the underserved. <u>School-based Mental Health Services</u> 1) There is strong evidence that shows that school-based mental health services increase access to care, improve health outcomes, and increase academic achievement. 2) Children from low-income families face a great risk of mental health problems. School based health centers provide primary and mental health care for students who may not have access to these resources outside of school. Evidence shows that providing mental health care to students at school- based health centers may improve quality of life and increase access to care. <u>Mental Health First Aid (MHFA)</u> 1) A systematic review of 18 trials showed some evidence that MHFA trainings led to increased knowledge on mental health first aid and increased recognition of mental illness. The trials reviewed showed increased confidence and intentions of MHFA participants to provide mental health first aid to someone in need. <u>Peer-to-Peer Support</u> 1) A study found that increasing access to insurance was not sufficient in increasing access and utilization of services. Adapting services to location, preference (i.e. language, cultural similarities), and reducing stigma may increase access and utilization of services. 2) Cultural barriers to mental health services negatively impact whether or not a person receives care. A study comparing trained peer navigators found that patients working with a peer navigator, versus those that were not, were more likely to schedule and attend doctors' appointments, have improved mental health, and have a higher quality of life.

Increasing Education to Reduce Stigma	<u>Silence the Shame</u> 1) A California survey found that racially and ethnically diverse individuals were less likely to receive mental health care compared to white counterparts. In particular, Asian and Spanish speaking Latinos were most likely to forgo care. Results of the survey indicated that stigma and discrimination toward mental health deterred people from seeking care. Additionally, lack of knowledge on when to seek care was also a factor inhibiting access to care. 2) Programs such as Silence the Shame help to educate and engage communities on mental health to help reduce stigma. In 2018, Silence the Shame held over 2050 community conversations/forums and engaged over 800 participants. Expanding programs such Silence the Shame can reduce stigma and may increase utilization of mental health services. <u>Barbershop Interventions</u> 1) Increasing community capacity to improve health outcomes has been seen as beneficial in programs such as Barbershop Interventions. These programs train community members to talk about their problems. It also brings services to barbershops to meet individuals where they are to increase care. The program aims to improve relationships among patients and providers. 2) The Confession Project is one organization that aims to change the culture surrounding mental health through barbershop programs. This organization trains barbers to become mental health advocates and talk about mental health. Preliminary data on the effectiveness of this program showed that 91% of people were more knowledgeable about mental health, and 58% said they would receive mental health treatment if it were located in a barbershop.

<u>Healthy Neighborhoods</u>

Strategy name and description: The Healthy Neighborhoods priority area is intended to empower neighborhoods to come together to decide on the priorities to allocate resources to.

Strategic Focus Area	**Strategy Name**	**Strategy Description**
Healthy Neighborhoods	Community-Driven/Led Investment in Neighborhoods	Each of the seven neighborhoods (Allston/Brighton, Bowdoin-Geneva, Chelsea, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury) go through a community-driven/led, grassroots prioritization process to decide on the priority area or areas for allocation. Each neighborhood would define their priority population, decide on an evidence-informed or evidence-based strategy, and demonstrate community support for the proposed plan. The plan would address one or more DoN health priorities.

Impacted Health Priorities: Social Environment, Built Environment, Housing, Violence and Trauma, Employment, Education

Strategy	Evidence
Community-Driven/Led Investment in Neighborhoods	1) Listening to the voices of people and organizations in the community who experience inequitable distribution of social, economic, and environmental resources can help to build a strong partnership to address social determinants of health inequities. 2) A review of studies suggest[s] that implementation of collaborative partnerships is associated with improvements in population-level outcomes. Findings from the reviewed studies suggest that collaborative partnerships can contribute to widespread change in a variety of health behaviors. Overall, the reviewed studies demonstrate that community and systems changes are often associated with the implementation of collaborative partnerships. The report offers 14 specific recommendations for structuring successful community-based efforts, which will be incorporated in BIDMC's planning. 3) "At the heart of all successful place-based partnerships are communities that provide maximum practicable input in all decision making. This is the key to community strengthening and extensive community engagement, as well as engagement with public and private sector stakeholders. Knowledge of the local community decreases the amount of time required to identify needs and develop plans and programs, thereby leading to greater efficiency." 4) Social capital that improves opportunities for upward mobility can be obtained from relationships that provide advice, contacts, and encouragement to get ahead. 5) Building a community-driven/led investment strategy can increase people's sense of community, or one's emotional connection to community and sense of belonging to community. According to RWJF's Action Framework, "research suggests that individuals who live in socially connected communities—with a sense of security, belonging, and trust—have better psychological, physical, and behavioral health, and are more likely to thrive."

September 24
Meeting Minutes

New Inpatient Building (NIB) Community Advisory Committee
Meeting Minutes
Tuesday, September 24, 2019, 5:00 PM – 7:00 PM
BIDMC East Campus
Rabkin Board Room, Shapiro Building

Present: Elizabeth (Liz) Browne, Tina Chery (by telephone conference), Lauren Gabovitch, Richard Giordano, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Theresa Lee, Holly Oh, MD, Joanne Pokaski, Jane Powers, Edna Rivera-Carrasco, Richard Rouse, Jerry Rubin, LaShonda Walker-Robinson, Robert Torres, and Fred Wang

Absent: Alex Oliver-Davila, Luis Prado

Guests: Alec McKinney, John Snow Inc. (JSI), Senior Project Director; Carrie Jones, JSI, Coordinator; Heather Nelson, Health Resources in Action (HRiA), Managing Director, Research and Evaluation; Valerie Polletta, HRiA, Associate Director, Research & Evaluation

Public: Several community members attended.

Welcome

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Deaconess Medical Center (BIDMC), welcomed everyone to the meeting and asked for a volunteer to share why they are involved in the Community Advisory Committee (Advisory Committee).

Barry Keppard shared that through his work at the Metropolitan Area Planning Council (MAPC) he has had the opportunity to see different community sectors come together to create and support change. He is involved with the Advisory Committee because seeing the Advisory Committee members come together to create a healthier community inspires him to continue his work.

Next, the minutes from the July 23rd Advisory Committee meeting were reviewed and accepted.

Public Comment Period

Nancy entered into record two written public comments that were provided to the Advisory Committee five business days prior to the meeting. Comments were received from Dr.

Kahris White-McLaughlin, a resident of Roxbury, and Lisa Jeanne Graf, a resident of Fenway.

Alec McKinney, the Senior Project Director from John Snow Inc. (JSI), introduced the oral public comment period. He reminded everyone that the Advisory Committee allotted a total of fifteen minutes per meeting (maximum of three minutes per individual) for individuals from the community to share their thoughts with the Advisory Committee. Individuals sign up to speak at the meeting. Slots were allocated on a first come, first served basis. Alec shared that if time runs out before the individual finishes, or if there are no more spots available for oral comments, the Advisory Committee welcomes written public comments. All written comments will be shared with the Advisory Committee prior to the next meeting if received at least five business days before the next Advisory Committee meeting.

Dr. Kahris White-McLaughlin, a lifelong resident of Roxbury, shared comments with the Advisory Committee. She was present at the Roxbury/Mission Hill community meeting, and has been present at all subsequent Advisory Committee meetings. Dr. White-McLaughlin explained how she is advocating for youth and expressed concern about how inclusion and access to education has changed for students of color. Dr. White-McLaughlin shared that BIDMC has been dedicated to helping the community for years. She mentioned that she was born at BIDMC during a time when most individuals of color were born at Boston City hospital which shows her BIDMC's dedication to helping the community. She explained that she would like BIDMC to continue helping the community, and youth in particular.

Evaluation

Valerie Polletta, Associate Director of Research & Evaluation at Health Resources in Action (HRiA), reminded Advisory Committee members about the current evaluation goals: build community awareness of BIDMC's Community-based Health Initiative (CHI), engage stakeholders, and incorporate community feedback into decisions.

As a part of the evaluation plan, HRiA created a voluntary and anonymous survey to evaluate the Advisory Committee's process. Fifteen minutes were dedicated to filling out the survey at the meeting. For members not in attendance, a link to the survey was emailed to them.

Healthy Neighborhoods

Alec reminded the Advisory Committee that they approved Healthy Neighborhoods, a community-driven and administered approach, as the fourth health priority area on July 23rd. As requested by the Advisory Committee at the July meeting, BIDMC created a document with draft criteria for this priority area as a starting point for discussion. Seven criteria were recommended: eligibility, alignment, implementation, evaluation, communication, community engagement/impact, and sustainability.

After reviewing the recommended criteria, Alec asked the Advisory Committee what they felt should be added or removed. One member recommended that organizational capacity should be added. This would allow BIDMC to understand if an organization applying for funds has the capacity to successfully utilize the funds. Some members recommended a criterion for cross-collaboration. This would help foster growth across the community. Another member mentioned this may vary based on neighborhood, but it is an option

BIDMC can research. The last criteria members suggested adding were outcome measures. This would allow BIDMC to see the organization's long-term goals.

Alec reminded the Advisory Committee that this conversation is the beginning of a longer discussion. BIDMC will incorporate the Advisory Committee's input into the draft criteria.

Allocation

Alec briefly reviewed the four health priorities voted on by the Advisory Committee on June 25th and July 23rd: Housing, Jobs and Financial Security, Behavioral Health, and Healthy Neighborhoods. Alec explained to the Advisory Committee that during this meeting, they would work to reach consensus on the allocation of funds for the health priorities and sub-priorities. He explained that all decisions need to be evidence-based to inform the health priorities strategy report which is due to the Department of Public Health in November. Alec reminded the Advisory Committee about the framework recommended by the Massachusetts Department of Public Health (MADPH) for use when considering decisions related to the Community-based Health Initiative. The framework includes asking several questions including who would benefit, who would be influenced, and whether or not there might be unintended consequences regarding the decisions being made.

Alec provided an example on how the funds could be allocated to start the conversation. The example showed the funds being allocated equally among the four priorities. However, Alec encouraged the Advisory Committee to think strategically about how to allocate the funds. Alec then asked the Advisory Committee how they thought the funds should be allocated. One Advisory Committee member asked for clarification on who will award the grants. Nancy explained that the Advisory Committee will vote to determine how much money goes into each priority and sub-priority area. Afterwards, an Allocation Committee will be formed to award the grants based on the overall allocation set forth by the Advisory Committee.

Health Priorities

The Advisory Committee had an open discussion about how the funds could be allocated. One member mentioned that there should not be too much money allocated to one priority because there are several important health priorities. Others thought that healthy neighborhoods should receive a high proportion of funds in order to help build capacity among the community-driven/led initiatives. Many members expressed that housing should be among the top priorities because it impacts all of the health priorities identified by the Advisory Committee and was the top priority throughout the CBSA. Behavioral health was also discussed as a top priority due to a lack of focus on its importance.

After discussion, voting members of the Advisory Committee participated in two rounds of polling and discussion on the allocation percentages proposed by Advisory Committee members. The final polling results indicated that the Advisory Committee decided that the allocation of funds would be 40% to Housing, 30% to Jobs and Financial Security, 15% to Behavioral Health, and 15% to Healthy Neighborhoods. A motion was made and seconded. The Advisory Committee unanimously voted to approve this allocation.

Sub-Priorities

Following the allocation for the health priorities, the Advisory Committee began discussing the sub-priorities. Before beginning the discussion, one Advisory Committee member raised a concern about the housing sub-priorities. In the sub-priorities, there was no mention of rental assistance. The member explained that although it can be categorized under homelessness, there is a chance it could be overlooked. A motion was made to add rental assistance as a sub-priority under housing. The motion was seconded, and the Advisory Committee unanimously voted to add rental assistance as a sub- priority under Housing.

The Advisory Committee then began discussing each priority area's sub-priorities in detail.

Housing

Alec briefly reviewed the housing sub-priorities: affordability with home ownership, homelessness, and rental assistance as subtopics. Members felt that in order to make the greatest impact in housing, they should allocate more funds to homelessness and rental assistance. One member recommended allocating 40% to homelessness, 40% to rental assistance, and 20% to home ownership. The Advisory Committee agreed with this recommendation. A motion for this allocation was made and seconded. The Advisory Committee unanimously voted to approve the allocation for the housing sub-priorities.

Jobs and Financial Security

Alec reviewed the three Jobs and Financial Security sub-priorities that were approved by the Advisory Committee: education/workforce development, employment opportunities, and income/financial supports. Some members explained that education and workforce development would make the greatest impact in this priority area. One member asked for clarification on how employment opportunities were defined. Nancy explained that in the July meeting, employment opportunities were described as creating jobs and subsidizing jobs for those who may have difficulty finding them. After discussion about the greatest need, a motion was made to allocate 85% to education/workforce development, 10% to employment opportunities, and 5% to income/financial supports. The Advisory Committee unanimously voted to approve the allocation for the Jobs and Financial Security sub-priorities.

Behavioral Health

Alec reminded the Advisory Committee that the two sub-priorities for behavioral health are mental health and substance use. Alec asked if the Advisory Committee wanted to prioritize one of the sub-priorities. Members agreed that mental health and substance use were equally important. A motion was made to allocate 50% to mental health and 50% to substance use. The Advisory Committee unanimously voted to approve the allocation for the behavioral health sub-priorities.

Healthy Neighborhoods

Alec explained that the Advisory Committee would not be allocating funds to healthy neighborhoods sub-priorities because it is intended to be a community-driven/led approach.

Adjourn

Alec thanked the public for joining and for sharing their thoughts with the Advisory Committee. Alec also thanked the committee for their dedication and reminded everyone that the next Advisory Committee meeting will be held on October 22nd.